Bariatric Surgery Medical Necessity Guidelines

I. Non-Covered Procedures

A. The following bariatric surgical procedures are not covered:
   1. Gastric balloons
   2. Gastric stapling

II. Provider Requirements - The bariatric surgeon must:

A. Work within an integrated program for the care of the morbidly obese that can provide the supportive and ancillary services required for successful bariatric surgical outcomes, **and**
B. Be certified by the American Board of Surgery or the American Board of Osteopathic Surgery **and**
C. Adhere to the recommendations and guidelines of the American Society for Bariatric Surgeons, **and**
D. Have performed at least thirty-five (35) of the contemplated procedures as the primary surgeon within the past three (3) years.

III. Clinical Criteria -

Weight loss surgery is an option for carefully selected patients with clinically severe obesity (BMI ≥ 40 or ≥ 35 with comorbid conditions) when less invasive methods of weight loss have failed and the patient is at high risk for obesity-associated morbidity or mortality. Evidence Category B.[1]

The selection process must include the following:

A. Have a diagnosis of Morbid Obesity - defined as 100 lbs (45kg) above the ideal body weight or 200% of the ideal body weight as defined by the Metropolitan Life Insurance Tables, or
B. Have a body mass index (BMI) of ≥ 40), or
C. Have a BMI ≥ 35 and at least 2 of the following 6 co-morbidities:
   1. Hypertension (PCP or specialist documentation of BPs over at least 6 months of time, medication use and failure of control directly related to the obesity)
   2. Hyperlipidemia (documentation of lipid levels, medication use and control with medication required)
   3. Diabetes under active treatment (statement from PCP or endocrinologist with documentation of glucose levels, HgbA1c, medication use, and compliance with diabetic control required)
   4. Coronary artery disease or cardiomyopathy (cardiology evaluation required)

[1] **Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults**; National Institutes of Health, National Heart, Lung and Blood Institute, *NIH Publication, No. 98-4083, September 1998, p. XXVIII.*

5. Disabling musculoskeletal dysfunction (documentation of diagnosis, treatment modalities and physical therapy evaluation and ongoing treatment required)
6. Sleep apnea or pulmonary insufficiency (documentation of sleep studies, pulmonary function studies, or evaluation by a pulmonologist required), **AND**

D. In addition to either A, B, or C above, **all** of the following criteria must be met and documented:
   1. The patient's primary care physician recommends bariatric surgery
   2. Individualized records by the referring primary care physician include a history of heights and weights with documentation of morbid obesity for a minimum of five (5) years
   3. Incapacitation of the patient in performing daily activities or disability due to the obesity. There must be documentation of substantial inability to perform the activities of daily living such as evidenced by the use of walkers or wheelchairs
   4. Under the supervision of a primary care physician/provider (PCP), the patient must have participated in a structured regimen designed to promote weight loss prior to surgery which must be for a cumulative total of six months or longer in duration and occur within two years prior to surgery. The purpose of this requirement is to: 1) determine whether a less invasive approach (lifestyle changes vs. surgery) could produce the desired result; 2) reduce operative time; and shorten the hospital stay and 3) demonstrate the patient's ability to adhere to the radical and lifelong behavior changes and strict diet that are required after bariatric surgery.
      a. At a minimum the structured weight loss regimen must consist of at least six months of monthly medical visits with a clear weight loss goal. Documentation of each visit must demonstrate the medical provider's active role in counseling the patient with regard to diet and exercise and monitoring the patient's progress (including obtaining a weight at each visit). If the weight loss goal is not attained, the medical provider must document the likely cause of the failure and specifically provide an opinion regarding the ability of the patient to implement the necessary behavior changes after surgery.
      b. The TennCare Weight Watchers® program can qualify as a structured weight loss regimen if the following criteria are met: 1) Completion of two 3 -month programs with attendance of a minimum of 20 out of 24 sessions. Attendance must be documented with date and weight at each session and confirmed by submission of a claim from Weight Watchers for each session. 2) Concurrent with the Weight Watchers® program monthly visits with a PCP to follow progress toward a documented weight loss goal (including obtaining a weight at each visit) and to address any problems with regard to diet and

exercise and compliance with the Weight Watcher® program. If the weight loss goal is not attained, the PCP must document the likely cause of the failure and specifically provide an opinion regarding the ability of the patient to implement the necessary behavior changes after surgery.

c. A PCP's summary letter is not sufficient documentation of participation in a structured weight loss program. Documentation must include medical records of the PCP's contemporaneous assessment of the patient's progress throughout the course of the structured weight loss program.

5. Willingness to comply with pre and post-operative treatment plans including nutritional, behavioral and exercise counseling, and lack of a pregnancy during the rapid weight loss phase
6. Individualized assessment by a bariatric surgeon includes at a minimum: pertinent history and physical examination, assessment of co-morbidities, and surgical history (particularly abdominal procedures)
7. Individualized evaluation by a licensed psychiatrist or psychologist not associated with the bariatric surgeon includes assessment of: current psycho-emotional fitness for the proposed procedure; capacity to relate successfully to anticipated post-surgical lifestyle issues; ability to comply with life-long dietary changes and exercise, and professional recommendation regarding the advisability of the procedure

E. The patient must be of an age greater than or equal to 18 years. If less than 18 years of age, special consideration must be given including, but not limited to documentation of completion of bone growth.

IV. Contraindications include any of the following:

A. Documentation of a diagnosis of active alcoholism, chemical abuse, bulimia, or psychosis
B. History of previous obesity surgery or extensive abdominal surgery for other reasons
C. Evidence of endocrinologic contra-indications (Cushing's disease, chronic steroid use, etc.)
D. Wheelchair dependence prior to becoming obese

V. References

A. **Biliopancreatic Diversion with Duodenal Switch For Treatment of Obesity**, *Medical Technology Directory*, Hayes Inc., October 26, 2003.

B. **Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults**; National Institutes of Health, National Heart, Lung and Blood Institute, *NIH Publication, No. 98-4083, September 1998*

C. **Consensus Conference Statement: Bariatric surgery for morbid obesity: Health implications for patients, health professionals, and third-party**

payers; Henry Buchwald, M.D., Ph.D., F.A.C.S.; *Surgery for Obesity and Related Diseases 1 (2005) 371–381*

D. **Laparoscopic Bariatric Surgery**, *Medical Technology Directory*, Hayes Inc., November 21, 2003.

E. **Meta-Analysis: Surgical Treatment of Obesity;** Melinda A. Maggard, MD, MSHS; Lisa R. Shugarman, PhD; *Ann Intern Med.* 2005;142:547-559.

F. **Open Bariatric Surgery**, *Medical Technology Directory*, Hayes Inc., December 12, 2003.

G. **Clinical Policy Bulletin: Obesity Surgery,** Aetna Health Inc., http://www.aetna.com/cpb/medical/data/100_199/0157.html, accessed 7/23/2007.

H. **Bariatric Surgery,** Technology Assessment**,** UnitedHealthcare, Inc., https://www.unitedhealthcareonline.com/, accessed 10/11/2007.

I. **Outcomes of Preoperative Weight Loss in High-Risk Patients Undergoing Gastric Bypass Surgery,** Still, CD; Benotti, P, et al. *Arch Surg 2007*;142 994-998.

J. **The Impact of Preoperative Weight Loss in Patients Undergoing Laparoscopic Roux-en-Y Gastric Bypass**, Alvarado R, Alami S, et al. *Obesity Surgery*, 15, 2005, 1282-1286

DEFINITIONS

Morbid Obesity: A condition of persistent and uncontrollable weight gain that may represent a present or potential threat to life or normal health. Morbid obesity is defined as a weight of 100 lbs (45kg) or 200% above the ideal weight published by the Metropolitan Life Insurance tables or a Body Mass Index ≥ 40 Kg/m^2.

Body Mass Index: Calculated as follows:

Weight (kilograms) / Height $(meters)^2$

Bariatric Surgery: Refers to a surgical procedure that deals with control or treatment of obesity.

Gastric Balloon: An inflatable device implanted in the stomach as an adjunct to therapy of morbid obesity.

Gastric Stapling: A surgical procedure that converts the upper part of the stomach into a very small pouch by stapling portions of the stomach together, forcing an obese person to eat only tiny portions yet still feel full.